

ER nurse- Susan Rainer (practicing 8 yrs)
Melissa Harmon, RN



Resp - no approx paradoxical movements, no prolonged exp
no pursed lip breathing, no retractions
no shallow respirations

wheezing - mild, bronchial sounds / ↓ PS - not appreciated,
rhales, not appreciated
RR

2:05	156	-	36	99%	91%
3:23	146		34		99%

	SpO2	RR	HR	Temp	(GCS)
@ 2:05	98%	16	100	98.6	

pt reassessed @ 3:50 am

response to tx: pts symptoms have resolved p tx.
pts condition has returned to baseline.

tests: flu ordered @

CXR (2 view) - pt able to do 2 view (really sick pts - do 1 view)

ordered 2:31 (2:46 - pt moved to Radiology)

interpretation: perihilar infiltrates, otherwise clear - Radiologist read as NC

went by stretcher off oxygen

Dis Dx: Acute Bronchospasm 15/5
Rx: for prednisolone 10mg qd x 5d

Henderson vs. WK South - ER visit - due 1/25/20

(pausch) Akeem Henderson & Jennifer Alexander

Citrix Sharefile - Jacquelyn White - username: jwhite@thehealthhut.org
pw. ~~XXXXXXXXXX~~

Non signing
papers @ 154pm

4 yo f ER on 2/10/18 @ 01:58 - difficulty breathing (premature & d/c'd asthma @ 2y)
parents allege "WK familiar & her medical hx"

- child d/c'd @ 3:52 (1 hr 58 min later)

6:51 (2 hrs 59 min later) pt suffered resp arrest

pt died 2/16/18 at WK South.

complaint: WK-S failed to stabilize pt prior to d/c in violation of EMTALA.

- stabilize "provide such medical tx of the condition as may be necessary to assure "a reasonable medical probability, that no material deterioration is likely to result..."

(need definition of EMTALA) **

WAS AN APPROPRIATE SCREENING DONE??
and was pt stabilized prior to d/c

tripod-

- need any old
ER records of
"asthma exacerbation
since birth"

? 11/4/16 last allergy/medicine update

Rob Robinson - ~~Rob Robinson~~

rrobinson@wbwplay

Saturday
2/10/18 @ 1:54

Activity 2 - Emergent

nl (22-34)

ER visit (nurse) ^{SR} HR - RR - POX - R/A
 tripod position; 156; 36; 91%
 distressed, uncomfortable; behavior appropriate;
 ambulates w/ assistance *

Autism
 PMH: premature
 asthma - dx'd 2 yrs old
 MEDS: Albuterol - prn
 Dulera - 2 puffs am + prn
 Singulair

(pg 3) B. WKS provided AH. c an appropriate medical screening + detected
 and emergency medical condition in the pt.

2:04 - administered 1 duoneb - combination

3:16 " albuterol (2.5mg)

3:44 4mg dexamethasone NaPhos IM

4a - no admission
 to ER until well

8 min p last emergent tx, pt was dx'd @ 3:52 AM. (6-12)
 (dexta is not emergent tx) → Kicks in hours lat.
 3:59 - nurse dx'd to home long-acting systemic steroid
 inflammation in body

- WK 'failed to stabilize' - provide such tx necessary to assure
 w/ reasonable medical probability that no material
 deterioration of the condition is likely to result...

(what's the rest of definition)

- claimed that WK 'failed to stabilize her prior to dx'

- defendants intentional 'dumping' of pt

MD record:

pt presents = cough/wheezing - sxs began @ 00:00 (midnite) perf +: cough/wheezing
 perf ⊖: chest pain, body aches, CP, C/D, fever,
 nasal dx, str, sore throat

pt has experienced a previous episode.

(2 days prior)

pt was seen at Quickcare Thursday - dx'd = URI/Strep - Given
 Zpak

pt has breathing machine at home - albuterol - one tx PTA
 neck - midline trach (no mention of tugging/pulling)
 chest - nl symmetric motion (no mention)

CV - PRR

skin - warm dry, <2 cap refill (no signs shock!!)

Neuro - awake/alert, makes good eye contact, nontoxic, afebrile

Resp - pt does NOT display signs of resp distress, resp - nl, symmetrical